PATENT APPLICATION FEE DETERMINATION RECORD 1												nber	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 09/40877												2	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
1	OTAL CLÁIMS	5 · · · · · · · .			• • • •		·	RATE	FÉE	7	RATE	FEE	
F	OR .	··	NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TO	TAL CHARGE	ABLE CLAIMS	minus 20=		•			XS 9=		OR	XS18=		
INI	DEPENDENT C	LAIMS	minus 3 =		•			X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=	<u> </u>	1			
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	-	JOR	TOTAL		
CLAIMS AS AMENDED - PART II										70"	OTHER	THAN	
8	- 3 - 05 (Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	SMALL		
AMENDMENT AC		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş Q	Total	. 20	Minus	- 2	0.	= /		X\$ 9=		OR	.X\$18=		
ME	Independent	. 3	Minus			= /		X43=		OR	X86=	/ :···· _ .	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	ļ	OR	+290=		
							L	TOTAL			TOTAL		
\mathcal{C}	11105		JODIT. FEE	L] O.,	adoit. Fee l							
AMENDMENT BY		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST IER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	. 20	Minus	• 0	0	=		X\$.9=.		OR	X\$18=		
MEN	Independent	. 3	Minus	***	3	_		X43=	·	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							A	TOTAL DDIT FEE		OR ,	TOTAL ADOIT, FEE		
(Column 1) (Column 2) (Column 3)									· · · · ·		 :: <u>:::::::::::::::::::::::::::::::</u>	11	
AMENDMENT & T		CLAIMS REMAINING AFTER AV ENDMENT		HIGHE NUMB PREVIOR PAID F	ER USLY	PRESENT EXTRA		RATÉ'	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		ε		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=		X43=_		OR-	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=			+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OR	TOTAL		
***	I the "Highest Nu	mber Previously Pa mber Previously Pa ther Previously Pai	ild For IN THE	S SPACE &	less that	3, enter "3.".		OOIT. FEE L		• •	DOIT. FEEL mm 1.		
									. 2			NA FOR	

FORM PTO-875 (Rev. 10/03)

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